

Year of Funding : ☐ 2004 ☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008

Name of Applicant: _____ **Current Grant #:** _____

Service Area(s): _____

Applicant Category

- | | |
|---|--|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Victims Services |
| <input type="checkbox"/> Protective Order
Violations | <input type="checkbox"/> Courts-Please check if your program provides primary support for a court advocate position. |
| | <input type="checkbox"/> Discretionary |

Geographic Region(s)

- | | | | |
|-----------------------------------|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Units | <input type="checkbox"/> Tribes | <input type="checkbox"/> Central City | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Data | <input type="checkbox"/> Statewide | <input type="checkbox"/> Rural County /Other City | <input type="checkbox"/> Northern |
| <input type="checkbox"/> Victims | <input type="checkbox"/> Forensic | <input type="checkbox"/> Suburban City/County | <input type="checkbox"/> Valley |
| <input type="checkbox"/> Training | <input type="checkbox"/> Disabled | <input type="checkbox"/> Statewide | <input type="checkbox"/> Central |
| <input type="checkbox"/> Protocol | <input type="checkbox"/> Immigration | | <input type="checkbox"/> Coastal |
| <input type="checkbox"/> Stalking | | | <input type="checkbox"/> Statewide |

Brief Project Summary (*please use same language as on face sheet*):

2006 Amount requested: \$_____ (not including match)

If there are two or more part-time staff are requested, please indicate how many hours each one will work.

2006 Staff requested: ___ FT staff ___ PT staff ___ Other (explain)
 ___ hours
 per week

2007 Amount requested: \$_____ (not including match)

If there are two or more part-time staff are requested, please indicate how many hours each one will work.

2007 Staff requested: ___ FT staff ___ PT staff ___ Other (explain)
 ___ hours
 per week

2005 Amount Awarded: \$ _____ (not including match)

If there are two or more part-time staff working on the V-STOP grant, please indicate how many hours each one works.

2005 Staffing Level: ___ FT staff ___ PT staff ___ Other (explain)

 ___ hours

 per week

* Any crime indicated must have a corresponding objective

Baseline Data for Calendar Year 2004

Provide information for all that apply to your agency or grant application for Calendar Year 2004.

Please use numbers.

Law Enforcement

Types of arrests (Misdemeanors) _____ DV* _____ SA* _____ ST* _____ POV*
 Types of arrests (Felonies) _____ DV* _____ SA* _____ ST* _____ POV*
 Total number of violence against women arrests _____
 Number of emergency protective orders issued _____

Prosecution

Types of prosecutions (Misdemeanors) _____ DV* _____ SA* _____ ST* _____ POV*
 Types of prosecutions (Felonies) _____ DV* _____ SA* _____ ST* _____ POV*
 Total number of violence against women cases _____
 Number of convictions _____

Victims Services

Total number of victims served _____
 Types of victims served _____ DV* _____ SA* _____ ST* _____ POV*
 Number and types of services provided
 Criminal justice/court advocacy _____
 Assistance in filing protective orders _____
 Information and referral _____

Legal Services/Advocacy

Total number of protective orders sought _____
 Total number of protective orders obtained _____
 Number and types of protective orders sought
 _____ EPO** _____ PPO** _____ PO** _____ SPO** _____ FPO** _____ CPO**
 Number and types of protective orders obtained
 _____ EPO** _____ PPO** _____ PO** _____ SPO** _____ FPO** _____ CPO**

Forensic

Number of PERKs completed _____ DV* _____ SA*

Councils/Task Forces

Number of meetings _____
 Number attending _____
 Types of protocols developed _____ DV* _____ SA* _____ ST* _____ POV*

Training

Number of training events _____
 Number attending _____
 Types of training events _____ DV* _____ SA* _____ ST* _____ POV*
 Number and discipline of attendees
 _____ Law enforcement _____ Corrections _____ Social workers/counselors
 _____ Prosecution _____ Victim advocates _____ Other
 _____ Courts _____ Health care providers

Provide source of information, e.g. Uniform Crime Reports, Incident Based Reports, program records, court records, meeting minutes, etc.

* DV=domestic violence, SA=sexual assault, ST=stalking, POV=protective order violation

** EPO=emergency protective order, PPO=preliminary protective order, PO=protective order, SPO=stalking protective order, FPO=foreign protective order, CPO=child protective order